



PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

MLI-10

First Named Inventor

Michael Ries, et al.

COMPLETE IF KNOWN

Application Number

10/763,314

Filing Date

01/22/2004

Art Unit

3738

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Femoral Hip Prosthesis and Method of Implantation

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

01/22/2004

as United States Application Number or PCT International

Application Number

10/763,314

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

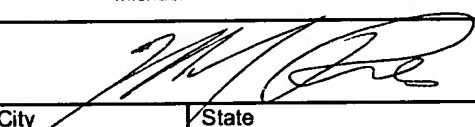
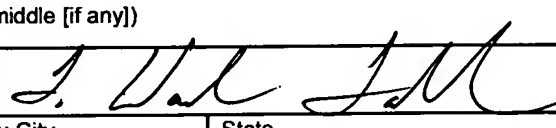
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

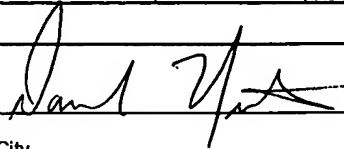

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

# DECLARATION — Utility or Design Patent Application

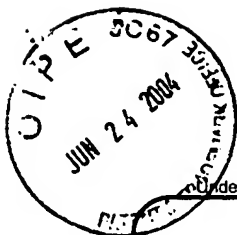
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <input type="text"/>				OR <input type="checkbox"/> Correspondence address below	
Name Daniel F. Justin					
Address 180 South 600 West					
City Logan			State Utah		ZIP 84321
Country USA		Telephone 435-753-7675		Fax 435-753-7698	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Michael				Family Name or Surname Ries	
Inventor's Signature 					Date 6/15/04
Residence: City Tiburon		State CA		Country USA	Citizenship USA
Mailing Address 115 St. Thomas Way					
City Tiburon		State CA		ZIP 94920	Country USA
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) T. Wade				Family Name or Surname Fallin	
Inventor's Signature 					Date May 17, 2004
Residence: City Hyde Park		State Utah		Country USA	Citizenship USA
Mailing Address 210 East 200 South					
City Hyde Park		State Utah		ZIP 84318	Country USA
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 3 of 3

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Daniel F.		Justin	
Inventor's Signature 		Date <u>MAY 17, 2004</u>	
Logan Residence: City	Utah State	USA Country	USA Citizenship
185 North Winding Way Mailing Address			
Mailing Address			
Logan City	Utah State	84321 Zip	USA Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Mark A.		Munt	
Inventor's Signature 		Date <u>2/25/04</u>	
Moab Residence: City	Utah State	USA Country	USA Citizenship
619 McCormick Mailing Address			
Mailing Address			
Moab City	Utah State	84532 Zip	USA Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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PTO/SB/81 (09-03)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/763,314
Filing Date	01/22/2004
First Named Inventor	Michael Ries, et al.
Title	Femoral Hip Prosthesis and Met
Art Unit	3738
Examiner Name	
Attorney Docket Number	MLI-10

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Daniel F. Justin	50144
David Meibos	45885

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Daniel F. Justin				
Address	180 South				
Address	600 West				
City	Logan	State	Utah	Zip	84321
Country	USA				
Telephone	435-753-7675	Fax	435-753-7675		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

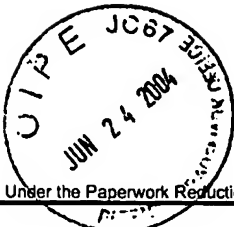
Name	Daniel F. Justin				
Signature					
Date	MAY 17, 2004			Telephone	435-753-7675

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 of 4 forms are submitted.

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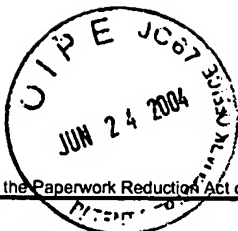
Name	T. Wade Fallin				
Signature					
Date	MAY 17, 2004			Telephone	435-753-7675

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Address 180 South

Address 600 West

City Logan State Utah Zip 84321

Country USA

Telephone 435-753-7675 Fax 435-753-7698

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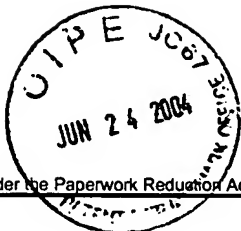
Name	Mark A. Munt
Signature	
Date	6/21/04
Telephone	435-259-6203

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Michael Ries				
Signature					
Date	6/15/04			Telephone	(415) 289-1056

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